

FURLOUGH CONTRACT

NAME OF YOUTH: _____ **CLIENT ID #** _____

FACILITY: ☐ BCCY ☐ JCY ☐ SCY ☐ WARE

DATE: _____

It will be necessary for each point of this contract to be reviewed and initialed by the youth going on the furlough and a case manager of the Office of Juvenile Justice. The initialed copy of this contract is to be faxed to the Deputy Secretary of Youth Services prior to the furlough date.

The conditions of the furlough (set by the Deputy Secretary of Youth Services and the Court) have been explained to me.

Youth

Case Manager

I understand the conditions of the furlough.

Youth

Case Manager

I will follow the conditions of the furlough.

Youth

Case Manager

I further understand that approval for future furloughs depend on the success of this furlough.

Youth

Case Manager

I understand that if I have concerns or questions, I will contact my regional office assigned to me at ____ - _____ (telephone number).

Youth

Case Manager

Attachment: Conditions of Furlough [C.4.1. (f.1)]